

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37199

JAN 26 1934
66

1. PLACE OF DEATH

County Miller
Township Glaze
City Wabersburg (No. _____)

Registration District No. 5-65
Primary Registration District No. 5-761a

File No. 34
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Minnie C. Sidwell

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~
~~HUSBAND OF~~ (OR) WIFE OF James H. Sidwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on farm

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio

13. NAME Joseph M. Coburn

14. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Elizabeth Humphrey

16. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio

17. INFORMANT Net Coburn (ADDRESS) Welman, Mo.

18. BURIAL, CREMATION, OR REMOVAL Int. Cem. Union PLACE DATE 11/10 1933

19. UNDERTAKER E. J. Boney (ADDRESS) Liberia, Mo.

20. FILED Dec 12, 1933 Chas. R. Hawkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/7-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-9, 1933, to 11-7-, 1933

I last saw him alive on 11-7-, 1933. Death is said

to have occurred on the date stated above, at 99 m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis & Myocarditis

131
93C

Other contributory causes of importance: 131

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1933

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Finis C. Suggs, M. D.

(Address) Liberia, Mo.

